

UGA Cost Share Documentation

The following resources were dedicated (as cost share) to the

Project Name

Participating Faculty/Staff: _____

Social Security Number: _____

Annual Salary: \$ _____ / \$ _____

Contract Type: _____

Department: _____

Cost Share Amount: \$ _____ or _____ %

Account Name: _____

Account Number: _____

Effective Dates of Cost Share: _____

Description of Cost Share Effort:

Faculty/Staff Participant *Date*

Department Head *Date*

Principal Investigator *Date*